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AUTHOR Haney, Colleen  
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## ABSTRACT

This packet of materials, which was prepared to accompany a conference presentation, contains a description of a videotape titled "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs." This 70-minute videotape follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Also included is a list of 10 books and 35 kits available from the Pennsylvania Special Education Assistive Device Center (ADC). The kits contain a wide variety of equipment, books, and tools to evaluate students' needs for assistive devices. The information packet concludes with an assessment guide for use in preparation of a long-term loan application for an assistive device from the ADC. The assessment guide examines the student's developmental level; current services and equipment being used; unmet needs for communication and writing; potential to achieve; present instructional levels in reading, math, writing and typing, computer use, and communication/language functioning; specific barriers; and environmental considerations. (JDD)

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## The Assessment Process

Video:

*"Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs"*

presented by the Pennsylvania Assistive Device Center

Colleen Haney, M.Ed., CCC/SLP  
Pennsylvania Assistive Device Center  
150 South Progress Avenue  
Harrisburg, PA 17109  
(717) 657-5840  
Spec. Net: PA.ADC

International Society for Augmentative  
and Alternative Communication  
1988 Biennial Conference  
Anaheim, California  
October 23-26, 1988

October 25, 1988  
8:30 - 9:30  
Room: Yorba

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*Colleen*

*Haney*

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## **The Assessment Process (videotape)**

**Colleen A. Haney, M.Ed., CCC/SLP  
Pennsylvania Assistive Device Center**

### **Objectives of the Presentation:**

The participants will:

- . become familiar with a 10-step process for assessment and evaluation of clients with augmentative communication needs
- . learn components and procedures for collecting information on testing the client for each of the 10 steps
- . be provided with a form for collecting information and test recording and a list of materials contained in an assessment kit
- . become familiar with a team approach to assessment and identify the roles of team members

Level of Expertise: introductory and intermediate

### **Outline**

- I. Sample Case Study: Bobby - mild CP, age 6, fetal alcohol syndrome
  - A. Complete process
  - B. Augmentative communication components
  - C. Feature match
  - D. Trial run
  - E. Recommendations
- II. Sample Case Study: Hope - CP, mixed, age 8
  - A. More involved motor assessment
  - B. Adapting language testing materials for motor disabilities
  - C. Option of several modes of communication
- III. Sample Case Study: Bengie - CP, mixed, age 16
  - A. Assessment of present technology
  - B. Issues of speed and efficiency
  - C. Environmental control

## Video Tape Request Form

Title: "Guidelines for Assessment and Evaluation of Students with  
Augmentative and Alternative Communication Needs

Time: 70 minutes

This video follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Both assessment and evaluation are referred to as part of a process rather than specific techniques. In assessment, facts are gathered and in evaluation, the information is interpreted.

The importance of interdisciplinary techniques are stressed. The most appropriate assessment occurs when local therapists and teachers work with the child in his/her natural environment.

Through this video, the following ten steps in the assessment/evaluation process are illustrated:

1. Identification of the students needs
2. Gather background information on the student
3. Interview family & staff
4. Interview and observe student in a natural environment
5. Motor assessment
6. Language assessment
7. Matching the student's needs to specific equipment's features
8. Mock up/trial run
9. Evaluation of Results
10. Follow along / Communication competency

The video stresses that assessment should not take place in isolation.

As a result of the assessment phase, a list should be made of the child's characteristics focusing on the whole child and his/her other methods of communication. A total Communication program, aided and unaided, is planned for the child. If technology is to be considered, the list of the child's characteristics may be matched to product descriptions. After a trial period, the technology or systems selected should be evaluated to determine their appropriateness to the total system for the child.

\* \* \* \* \*

Guidelines for Assessment and Evaluation of Students with  
Augmentative and Alternative Communication Needs (1987)

I have enclosed a blank T120 videocassette for each tape requested. Please send the video tapes to:

Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Return this form and blank T120 videocassette(s) to:

Central SERRC  
ATTN: Kay Dively  
150 South Progress Avenue  
Harrisburg, PA 17109

ISAAC Conference 1988  
Colleen A. Haney, M.Ed., CCC/SLP

# FACTSHEET 14: ASSESSMENT KITS FOR LOCAL AUGMENTATIVE SPECIALISTS

In the fall of 1986, the Assistive Device Center initiated the formation of a network of "local augmentative specialists" (LAS) across Pennsylvania. This network was to include representatives from each Intermediate Unit area (teachers, therapists, etc.) who would receive comprehensive, on-going training concerning assistive device technology. These individuals would then act as local resource persons regarding assistive devices.

Part of the LAS role involves conducting assessments and providing technical assistance regarding the evaluation process to determine students' needs for assistive devices. To aid the LAS in this function, the ADC provided each LAS team manager with an assessment kit containing a wide variety of equipment, books and tools.

The items included in the following list comprise the contents of the assessment kits. The items can be used as a first step in the assessment process to determine if a student could possibly benefit from an assistive device and what features the assistive device should possibly have to meet the student's needs.

## ITEMS TO BE INCLUDED IN THE LAS KIT:

1. **2 Battery Adapters (for toys)**  
Catalog #720 @ \$11.50  
Don Johnston Developmental Equipment  
1000 N. Rand Road, Bldg. 115  
Wauconda, IL 60084  
312-526-2782
2. **CORE Picture Vocabulary heavy duty**  
Catalog #107 @ \$38.50  
Don Johnston Developmental Equipment
3. **CORE Picture Vocabulary Stickers**  
Catalog #109 @ \$12.50  
Don Johnston Developmental Equipment
4. **PICSYMS**  
Catalog #330 @ \$20.00  
Don Johnston Developmental Equipment
5. **PIC 400 Cards**  
Catalog #P03 @ \$33.00  
Don Johnston Developmental Equipment

6. **PIC 400 Stickers**  
Catalog #P04 @ \$33.00  
Don Johnston Developmental Equipment
7. **Keyguard with Keylocks for Apple 2E**  
Catalog #C20 @ \$84.50  
Don Johnston Developmental Equipment
8. **Moisture guard for Apple 2E**  
\$16.95  
Viziflex Seels, Inc.  
16 E. Lafayette St.  
Hackensack, NJ 07601  
201-487-8080
9. **Echo Speech Synthesizer**  
Educational Price for Schools @ \$99.95  
Street Electronics Corporation  
1140 Mark Avenue  
Carpinteria, CA 93013  
805-684-4593
10. **TouchCom Software**  
Catalog #S61 @ \$128.00  
Don Johnston Developmental Equipment
11. **TouchCom mixed overlays**  
Catalog #C65 @ \$19.00  
Don Johnston Developmental Equipment
12. **Apple 2e cable to PowerPad**  
@\$9.95  
Dunamis, Inc.  
2856 Buford Highway, Duluth GA 30136  
404-476-4934
13. **PowerPad**  
@ \$99.95  
Dunamis, Inc.
14. **PowerPad/Switch Interface Adapter**  
Catalog #C13  
Don Johnston Developmental Equipment
15. **Light Touch Switch**  
Catalog #705 @ \$39.00  
Don Johnston Developmental Equipment
16. **Tread Switch**  
Catalog #CM-1 @ \$39.00  
ZYGO Industries, Inc.  
P.O. Box 1008, Portland, OR 97207  
503-297-1724  
Local Representative: Ron Baxter  
Rehabilitation Institute of Pittsburgh  
412-521-9000 Ext. 373

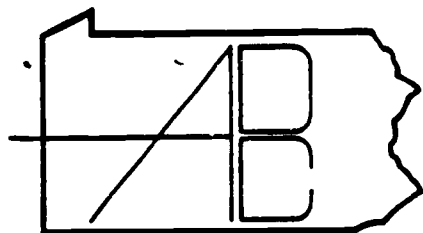
17. **Mounting Switch**  
Catalog #766 @\$67.50  
Don Johnston Developmental Equipment
18. **Wobble Switch with clamp**  
@\$50.00  
Computability  
The Handicapped's Source  
101 Route 46 East, Pine Brook, NJ 07058  
201-882-0171
19. **Gooseneck Mount**  
Catalog #SMT Switch Mounting Kit for table  
@\$45.00  
Prentke-Romich Company  
1022 Heyl Road, Wooster, OH 44691  
216-262-1984
20. **Adjustable Chinstick/Headpointer**  
Catalog #401 @\$115.00  
Don Johnston Developmental Equipment
21. **Symbol Training Display**  
Catalog #187 @\$165.50  
Don Johnston Developmental Equipment
22. **Tri-fold Communication Board**  
Catalog #110 @\$32.50  
Don Johnston Developmental Equipment
23. **3" Foam Wedge**  
@ \$1.00  
Scott Foam, Factory Outlet Store  
1500 East Second St., Eddystone, PA 19013  
215-876-6212
24. **6" Foam Wedge**  
@ \$1.80  
Scott Foam, Factory Outlet Store
25. **2 1/2" rectangle foam**  
@\$0.25  
Scott Foam, Factory Outlet Store
26. **1 1" rectangle foam**  
@\$0.50  
Scott Foam, Factory Outlet Store
27. **1 2" rectangle foam**  
@ \$1.00  
Scott Foam, Factory Outlet Store
28. **1 yd. velcro hook & pile, 2 yds. elastic**  
@ \$3.00 yd., 3/4" elastic @ \$0.55 yd.  
1/2" elastic @ \$0.25 yd.  
Local Fabric Store

29. **Assorted Safety Pins**  
@ \$1.69  
Local Fabric Store
30. **Scissors**  
@ \$1.99  
Local Fabric Store
31. **Flexible tape measure**  
@ \$1.05
32. **1 ACS Lip/pointer with charger**  
@ \$295.00  
Adaptive Communication Systems  
Box 12440, Pittsburgh, PA 15321  
412-264-2288
33. **1 Battery operated toy**  
@ \$24.00  
Toys for Special Children  
Steven Kanor, 8 Main St., Hastings-On-Hudson  
New York 10706  
914-478-0858 or 914-478-0960
34. **1 ft. Dycem**  
Catalog #BK-6612, Bulk Roll @ \$173.551 ft.  
= \$5.43  
Fred Sammons, Inc. BeOK!  
Box 32, Brookfield, IL 60513-0032  
1-800-323-7305
35. **Wobble Switch**  
Catalog #WS-1 @ \$108.00  
Prentke-Romich Company

#### BOOKS:

1. **"Communication for the Speechless"**  
By Franklin H. Silverman  
@ \$36.33  
Prentice-Hall Inc.  
Englewood Cliffs, NJ  
201-767-5049
2. **"Everybody's Technology"**  
By Christiane Charlebois-Marais  
@ \$19.50  
College-Hill Press, 4284 41st St.  
San Diego, CA 92105  
619-563-8899
3. **"Adaptive Play for Special Needs"**  
By Caroline Ramsey Musselwhite  
@ \$19.50  
College-Hill Press, 4284 41st Street  
San Diego, CA 92105  
619-563-8899

4. **"Prerequisites to Augmentative Communication"**  
By the Augmentative Communication Team  
(Porter, Carter, Goolsby, Martin, Reed,  
Stowers, Wurth)  
Division for Disorders of Development and  
Learning  
University of North Carolina  
Chapel Hill, North Carolina 27514  
919-962-2211
5. **"Communication Programming for the  
Severely Handicapped"**  
By Musselwhite & St. Louis  
@ \$24.50  
College-Hill Press
6. **"Lekotek Plan Book"**  
By Carl Gulbrandsen & Bill Grogg  
@ \$8.00  
LEKOTEK, 613 Dempster St.  
Evanston, IL 60201  
312-328-0001
7. **"More Homemade Battery Devices for  
Severely Handicapped Children with  
Suggested Activities"**  
By Linda J. Burkhart  
@ \$12.50  
Linda J. Burkhart, 8503 Rhode Island Ave.  
College Park, MD 20740
8. **"The More We Do Together"**  
@ \$5.00  
World Rehabilitation Fund, Inc.  
400 East 34 Street, New York, NY 10016  
212-679-2934
9. **"Augmentative Communication Intervention  
Resource"**  
By Carol Goosens & Sharon Crain  
Catalog #341 @ \$35.00  
Don Johnston Developmental Equipment
10. **"From Toys to Computers: Access for the  
Physically Disabled Child"**  
By Christine Wright & Mari Nomura  
Catalog #C51 @ \$17.00  
Don Johnston Developmental Equipment



# Pennsylvania Special Education Assistive Device Center

*A service of the Central Pennsylvania Special Education Regional Resource Center*

Elizabethtown Hospital and Rehabilitation Center • Elizabethtown, PA 17022 • SpecialNet: PA.ADC  
(717) 367-1161 or (800) 642-7734 (toll free within Pennsylvania)

## ASSESSMENT GUIDE FOR LONG TERM LOAN APPLICATION

The following worksheet is intended as a guide providing the user with more specific information and ideas on pertinent areas to consider in conducting an assessment and evaluation for a student with assistive device needs. This document will aid the user in preparation of the ADC Long Term Loan Program Application; numbers refer to that document, Section 4: Instructions for Completing an Application.

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL PROGRAM \_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

### HANDICAPPING CONDITIONS:

\_\_\_ Cerebral Palsy

\_\_\_ Emotional Disturbances

\_\_\_ Neuromuscular Disease

\_\_\_ Tracheostomy

\_\_\_ Spinal Cord Injury

\_\_\_ Vocal Abuse

\_\_\_ Amputation

\_\_\_ Hearing Problems

\_\_\_ Mental Retardation

\_\_\_ Vision Problems

\_\_\_ Brain Injury

\_\_\_ English As A Second Language

### DEVELOPMENTAL LEVEL OF FUNCTIONING:

\_\_\_ Infant

\_\_\_ Early Childhood

\_\_\_ Elementary

\_\_\_ Middle School

\_\_\_ Secondary

**TYPE OF CLASSROOM PLACEMENT:**

- ☐ Self-contained
- ☐ Regular Education
- ☐ Resource Room
- ☐ Mainstreamed
- ☐ Approved School

**ADAPTIVE EQUIPMENT USED:**

- |   |   |
|---|---|
| <input type="checkbox"/> Powered wheelchair             | <input type="checkbox"/> Writing Aids               |
| <input type="checkbox"/> Manual wheelchair              | <input type="checkbox"/> Computer                   |
| <input type="checkbox"/> Wheelchair, pushed by another  | <input type="checkbox"/> Manual communication board |
| <input type="checkbox"/> Regular chair with pelvic belt | <input type="checkbox"/> E-tran                     |
| <input type="checkbox"/> Other (Please list.)           |   |
- 
- 
- 

**CURRENT SERVICES STUDENT RECEIVING:**

- ☐ Speech and Language
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Other (Please list.)

**4.2:1 PRESENT UNMET NEEDS FOR COMMUNICATION, WRITING, AND/OR EDUCATIONAL MATERIALS**

Check those categories of function which apply:

- ☐ Verbal
- ☐ Nonverbal
- ☐ Verbal approximations or gestural language present but insufficient

☐ Physical disabilities limit writing, typing, computer access, etc.

☐ Physical disabilities interfere with writing, typing, computer access, etc. and additional assistance is needed

☐ Disabilities warrant the need for enlarged curricular materials due to visual handicap

☐ Very early stages of language and cognitive development and has no present means to express language

Describe specific performance in greater detail (i.e. "student cannot write with a pencil, but can type with one finger at the rate of 10 characters per minute with 80% accuracy", "student cannot manipulate turning the pages of a book", "student indicates 'yes' by looking up, but requires an unambiguous way to communicate with teachers and peers in the classroom" etc.

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#### **4.2:2 DOCUMENTATION OF PRESENT INSTRUCTIONAL LEVELS AND POTENTIAL TO ACHIEVE:**

##### **A. Prerequisites for Language**

(from Paul Yoder & Patricia Porter; ISAAC Conference, International Society for Augmentative and Alternative Communication, October 1984.)

1. Does the client have preferences as evidenced by some observable behavior or attention to some stimuli as opposed to other stimuli? Examples of such stimuli may be human faces, human voices, novelty, stimuli with contours, complex stimuli, etc. ☐ YES ☐ NO

##### **Assessment options:**

- a). Direct observation for consistent response when presented with several attractive stimuli.
- b). Interview of important others as to what the client prefers. Ask how they know?

2. Does the client have reliable motoric control over at least one part of the body that can later be used as a signal? ☐ YES ☐ NO

##### **Assessment options:**

- a). Referral to O.T./P.T. If not available, consider #b—d.
- b). Interview of important others as to how they know what the client wants, and what body part he/she can move most reliably.
- c). Direct observation of daily activities.
- d). Direct observation of performance on requested tasks in the clinic that require movement of various parts of the client's body. Then ask important others if this movement is one that the client makes reliably.

3. Does the client make choices of preferred stimulus in three out of four trials? ☐ YES ☐ NO

4. Does the client indicate a stimulus that examiner names in three out of four trials? ☐ YES  
☐ NO

**Assessment Options:**

a). Elicited procedure:

Materials:

- 1). Four of the client's favorite objects of foods.

**Assessment Procedure:**

- 1). Begin by putting two of these favorite stimuli in front of the client.
- 2). Ask her/him to "Point (indicate, etc.) the (x)".
- 3). Switch the location of the stimuli and repeat for four trials.
- 4). Add two more stimuli and repeat #1)-3).

5. Does the client match photographs or drawings to objects they represent in three out of four trials? ☐ YES ☐ NO

**Assessment options:**

a). Elicited procedure:

Materials:

- 1). Four pictures, drawings, or photos that look like their referents.

**Assessment procedure:**

- 1). Present the two photos in front of the client on a table. Place one of the corresponding referents behind the photo.

**B. PRE-READING AND READING SKILLS:**

1. object/picture recognition ☐ YES ☐ NO
2. symbol recognition (Bliss, Rebus, etc.) ☐ YES ☐ NO
3. auditory discrimination of sounds ☐ YES ☐ NO
4. auditory discrimination of words, phrases ☐ YES ☐ NO
5. selects initial letter of word ☐ YES ☐ NO
6. follows simple directions ☐ YES ☐ NO
7. sight word recognition ☐ YES ☐ NO
8. can put two symbols or words together to express an idea ☐ YES ☐ NO
9. reading comprehension level (grade level) \_\_\_\_\_
10. spelling level (grade level) \_\_\_\_\_

**C. MATH ABILITIES:**

Math level (grade level & describe, e.g., can do simple addition and subtraction, fractions, basic algebra, etc.)

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**D. WRITING AND TYPING ABILITIES:**

- |  |                |
|--|----------------|
| 1. independent, legible, but takes a long time     | ___ YES ___ NO |
| 2. can hold pen/pencil, is illegible, is difficult | ___ YES ___ NO |
| 3. can type slowly, w/one digit                    | ___ YES ___ NO |
| 4. can type slowly, w/more than one digit          | ___ YES ___ NO |
| 5. can type slowly, w/head or mouthstick           | ___ YES ___ NO |
| 6. fatigues easily, needs another's assistance     | ___ YES ___ NO |
| 7. does NOT write                                  | ___            |
| 8. does NOT type                                   | ___            |

**E. COMPUTER USE:**

- |  |                |
|--|----------------|
| 1. uses word processing                    | ___ YES ___ NO |
| 2. uses w/adapted or expanded keyboard     | ___ YES ___ NO |
| 3. uses with single switch                 | ___ YES ___ NO |
| 4. software presently using: (Please list) | _____          |
|  | _____          |
|  | _____          |

- |                              |     |
|------------------------------|-----|
| 5. has NEVER used a computer | ___ |
|------------------------------|-----|

**F. COMMUNICATION/LANGUAGE FUNCTIONING**

- |                           |   |
|---------------------------|---|
| 1. desires to communicate | ___ YES ___ NO  |
| 2. initiates interaction: |   |
|                           | ___ always ___ frequently ___ occasionally ___ seldom ___ never |

3. responds to communication interaction:

☐ always ☐ frequently ☐ occasionally ☐ seldom ☐ never

4. "YES" and "NO" responses:

☐ shakes head

☐ signs

☐ vocalizations

☐ word approximations

☐ eye gaze

☐ gestures

☐ points to board

☐ does not have a consistent and reliable response

Can a person unfamiliar with the student understand the response? ☐ YES ☐ NO

Describe the types and all the responses the student uses. Also describe how reliably and consistently it is used.

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5. present means to communicate: (Check all the methods used, and circle the primary method the student uses.)

☐ gestures

☐ facial expressions

☐ vocalizations

☐ semi-intelligible speech

☐ pointing

☐ intelligible speech

☐ sign language

☐ sign language approximations

☐ communication board

☐ eye-gaze/eye movement

☐ electronic system

☐ typing

☐ writing

☐ reliable "yes/no" response

☐ other. Please describe: 

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**6. current level of receptive language:**

age approximation: \_\_\_\_\_

Formal Tests used and scores: \_\_\_\_\_

\_\_\_\_\_  
If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. current level of expressive language:**

age approximation: \_\_\_\_\_

Formal Tests used and scores: \_\_\_\_\_

\_\_\_\_\_  
If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. communication interaction skills:**

Interaction with peers:

\_\_\_ always \_\_\_ frequently \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

Demonstrates awareness of Listener's attention:

\_\_\_ always \_\_\_ frequently \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

Asks questions:

\_\_\_ always \_\_\_ frequently \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

Requests clarification from communication partner ("Would you please say that again?", "I didn't understand. Please repeat.", "Did you mean...?", etc.):

\_\_\_ always \_\_\_ frequently \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

## G. FORMAL TEST SCORES

List all other formal tests, and their scores.(e.g. psychologicals, intelligence tests, behavioral scales, observational checklists,etc.):


## H. POTENTIAL TO ACHIEVE

(Describe the student's future potential academic needs and her/his anticipated future communication needs.)


### 4.2:3 SPECIFIC BARRIERS

#### A. CURRENT MOTOR ABILITIES/ PROBLEMS

(An occupational therapist and/or physical therapist may need to be consulted with, for this section.)

##### 1. Mobility, (Please list all that apply.)

- ☐ walks independently
- ☐ has difficulty walking
- ☐ walks w/assistance, ☐ w/adult, ☐ w/appliance
- ☐ crawls, wiggles, rolls,or creeps independently
- ☐ uses powered wheelchair
- ☐ learning to use powered chair
- ☐ uses manual wheelchair
- ☐ learning to use manual wheelchair

15

\_\_\_has NEVER had opportunity to try a powered chair

\_\_\_can transfer in & out of chair independently

\_\_\_needs another person to push chair and to transfer in & out

Describe the degree of mobility. (Can travel within the classroom independently, for short distances, learning to control chair, etc.)

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**2. Voluntary, isolated, controlled movements** (Observe the student using a switch, paper & pencil, typewriter, computer, etc. Describe the movement as well as the activities and situations observed).

\_\_\_Left Hand

\_\_\_Eyes

\_\_\_Right Hand

\_\_\_Breath

\_\_\_Head

\_\_\_Vocal

\_\_\_Left Foot

\_\_\_Left Arm

\_\_\_Right Foot

\_\_\_Right Arm

\_\_\_Mouth

\_\_\_Left Leg

\_\_\_Tongue

\_\_\_Right Leg

\_\_\_Finger

\_\_\_Other. Please describe.

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**3. Range of motion.** Describe briefly any specific limitations. Also describe the specific range in which the student has the most motor control.

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**4. Reflexes and Abnormal Muscle Tone.** Describe briefly any early reflex patterns which are exhibited by the student and may interfere with their voluntary control. Also describe any patterns of low or high muscle tone which may interfere with or be considered when assessing the student's voluntary motor control.

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**5. Accuracy and Fatigue.** Describe the student's tolerance for a motor task, and how easily they become fatigued. Also discuss how accurate, reliable and consistent the student's motor patterns are in particular tasks in particular situations.

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**6. Time.** Describe how long in real minutes it requires for the student to complete a particular motor task.

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**B. SEATING AND POSITIONING OF STUDENT:**

- ☐ Sits in regular chair
- ☐ Sits in regular chair w/pelvic belt
- ☐ Sits easily, comfortably in wheelchair, most of day
- ☐ Sits in wheelchair, part of day
- ☐ Wheelchair has been adapted to fit
- ☐ Wheelchair NEEDS to be adapted to fit
- ☐ Wheelchair in process of being adapted to fit
- ☐ Spends part of day out of chair, in prescribed position
- ☐ Spends most of day out of chair, is uncomfortable

\_\_\_ Enjoys many positions throughout day, based on activity

\_\_\_ Dislikes most other positions, other than chair.

\_\_\_ Has few opportunities for other positions.

\_\_\_ Other. Please describe:

---

---

---

\_\_\_ Uses regular desk

\_\_\_ Uses tray on wheelchair for "desktop"

\_\_\_ Uses adapted table

\_\_\_ Has difficulty using table or desk

\_\_\_ Other. Please describe.

---

---

---

Describe specific chair or chairs used. Describe tray, desk, and/or table surface the student uses. If possible, take a photograph and attach it.

---

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---

Describe other positions student assumes or is placed in by adult. If possible, take a photograph and attach it.

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### C. VISUAL ABILITIES/PROBLEMS

- ☐ passed school vision screening
- ☐ wears glasses
- ☐ can fixate vision on a stationary object
- ☐ can look to right and left without moving head
- ☐ recognizes people
- ☐ recognizes common objects
- ☐ recognizes photographs
- ☐ recognizes symbols or pictures

Which symbols or pictures? \_\_\_\_\_

What size symbol or picture? \_\_\_\_\_

Color or Black & white? \_\_\_\_\_

Include any reports completed by another professional which describe visual-perceptual abilities. A visual-perceptual test may need to be requested of the occupational therapist.

### D. AUDITORY ABILITIES/PROBLEMS

- ☐ passed school hearing screening \_\_\_\_\_ dB level
- ☐ attends to sounds
- ☐ discriminates sounds
- ☐ understands speech

Include any reports completed by another professional which describe auditory abilities. An audiologist may need to be consulted to test specific skills within a sound-proofed environment.

### E. MEDICAL CONSIDERATIONS

- ☐ history of seizures
- ☐ currently on medication for seizure control
- ☐ has degenerative medical condition
- ☐ currently on prescribed medication

- \_\_\_has frequeunt pain
- \_\_\_has multiple health problems
- \_\_\_has frequent upper respiratory infections
- \_\_\_has frequent ear infections
- \_\_\_has orthopedic problems
- \_\_\_other. Describe briefly:

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Include any reports from specialists which describe the student's present medical condition, and/or future prognosis. Dcribe briefly the impact their medical condition may have on their abilities.

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## F. BEHAVIOR

Don't forget to consider and describe the student's individual, daily patterns of behavior. These could include preferred learning styles (e.g. independent, exploring, stays back and watches others first, needs lots of reassurance, overly excited at new tasks, resists new tasks, fears change, easily frustrated, persistent, determined to complete task, aggressive, passive, a chronic management problem, eager for adult contact, etc.) as well as a description of the student's own personality.

## G. MOTOR ASSESSMENT FOR DEVICE ACCESS AND USE

### 1. Input Technique:

#### DIRECT SELECTION:

- \_\_\_Left Hand
- \_\_\_Right Hand
- \_\_\_Single Digit, Which one? \_\_\_\_\_
- \_\_\_Head

\_\_\_ Other. Please describe:

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**ASSISTED DIRECT SELECTION:**

\_\_\_ head pointer

\_\_\_ chin stick

\_\_\_ light beam

\_\_\_ light sensor

\_\_\_ pointers (adapted), hand grips, etc.

\_\_\_ other. Please describe.

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**SCANNING:**

Preferred control site (body site):

Other possible control sites:

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**Preferred Control Type (switch):**

\_\_\_ tread

\_\_\_ wobble

\_\_\_ arm slot

\_\_\_ lever

\_\_\_ light touch

\_\_\_ touch

\_\_\_ rocker

\_\_\_ air cushion

\_\_\_eye brow

\_\_\_muscle

\_\_\_tongue

\_\_\_sip/puff

\_\_\_joystick

\_\_\_other. Please describe:

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### ENCODING:

\_\_\_Color coding

\_\_\_Letter coding

\_\_\_Number coding

\_\_\_Morse code

\_\_\_Other. Please describe.

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### 2. Symbols:

#### TYPE:

\_\_\_Color

\_\_\_Black & White

\_\_\_Photographs

\_\_\_Line drawings

\_\_\_Specific symbol set. (e.g. Bliss, Rebus, PIC, etc.)

\_\_\_Other. Please describe.

#### SIZE:

\_\_\_1/2 inch squares

\_\_\_1 inch squares

\_\_\_2 inch squares

☐ over-sized squares

☐ Other. Please describe.

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**AMOUNT:**

Number of symbols used: \_\_\_\_\_

Configuration and/or arrangement of symbols used:

☐ categories

☐ topics

☐ grammatical

☐ Other. Please describe.

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**3. Positioning/Mounting the Device**

☐ Commercial Mount for wheelchair available and appropriate

☐ Customized mount for wheelchair is needed

☐ Mount needed for use with computer

☐ Keyboard of computer needs mounting

☐ Other problems. Please describe.

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**4.2:4 THE DEVICE SELECTED WILL HELP MEET EDUCATIONAL GOALS BECAUSE:**

Please describe specific plans to put into effect the student's goals and objectives.

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**4.2:5 (NAME OF DEVICE) \_\_\_\_\_ IS APPROPRIATE**  
because (student) \_\_\_\_\_ can access it by (DIRECT SELECTION, SCANNING, ENCODING) using the (body part) \_\_\_\_\_ and (switch selection) \_\_\_\_\_ to input (objects, pictures, symbols, letters, numbers, words, phrases, letter codes, icons) for the output of (auditory, visual, LCD, monitor, hard copy printer, combination, more than one).

Describe the student's characteristics and how their skills and needs can be met by the specific features of a particular device or devices.

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**4.2:6 PAST HISTORY OF AUGMENTATIVE COMMUNICATION AID**

Describe communication systems that have already been tried with the student. Discuss the results. (Remember to include: gestures, sign language, communication board, E-trans, electronic devices, computer use, and/or switch use. Describe how the student accessed them, how long they used them, and how well they worked for the student.)

**COMMUNICATION AID**

**SPECIFICS**

**RESULTS**

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#### **4.2:7 ENVIRONMENTAL CONSIDERATIONS, PROBLEMS AND BARRIERS:**

Describe the environments in which the student will be using the device. Discuss the features the system/device will need in order to function well within those environments.

- Portability
- Safety
- Weight of Device
- Use at Home w/Family
- Use During Activities of Daily Living (toileting, meals,etc.)
- Classroom Work
- Recreational Activities
- Outdoor Use
- Transportation of Student With Device